

NOTE: This standing order is not required in every health department. Risk for Chancroid increases when clients have traveled to the following areas: Africa, Asia, Caribbean or Latin America.

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Client may complain of the following:

- painful genital ulcer
- tender suppurative inguinal adenopathy (inguinal nodes painful, tender and filled with or draining pus)
- client has recent travel history to areas at risk for Chancroid. (document if client had sex with commercial sex worker or local resident while traveling)

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess and document at least one verified finding in numbers 1 or 2 below before implementing treatment for asymptomatic contact(s) or suspect Chancroid client referred to health department for treatment.

Verified Criteria:

1. client reports contact within the last 10 days with someone who was diagnosed with Chancroid and provides name of sexual partner(s), so public health nurse can verify diagnosis of named sexual partner by NC EDSS or by calling the medical provider of named partner (index case)
2. client referred by MD, medical provider, or DIS for treatment of Chancroid

Note: STD examination is recommended in all of the above scenarios.

Objective Findings

A diagnosis of Chancroid must be made by a medical provider and documented in the medical record before an RN can treat by standing order.

STD program managers - should question a "possible diagnosis" of Chancroid and review with local health department's Medical Director if the following apply:

1. client has a travel history to areas with high risk for Chancroid and has a history of sex with a commercial sex worker or local resident while traveling (Africa & Caribbean – 2015) and/or
2. one or more painful genital ulcers and
3. genital ulcer present with regional lymphadenopathy and
4. documented negative lab result for herpes by culture, PCR, or glycoprotein G-based type-specific assay, and
5. documented negative lab result for syphilis (RPR, TRUST), who presented with a genital lesion and/or inguinal adenopathy on first clinic visit and was treated empirically for syphilis or not treated pending lab results

Plan of Care

Implementation

A registered nurse employed or contracted by local health department may administer treatment for Chancroid by standing order if the client meets verified findings in number 1 or 2, or a medical provider documents a presumptive diagnosis or a positive lab culture for (*H. ducreyi*) in the medical record.

1. administer Ceftriaxone 250 mg IM in a single dose, or
2. if allergic to cephalosporin; administer Azithromycin 1 gm PO in a single dose

If other alternative treatment is indicated, consult physician or medical provider for a patient-specific order.

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that (s)he received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior
- B. Advise the client to:
 1. notify sexual partner(s) in order to prevent further spread of the disease. Provide client with partner referral cards for all recent (within 10 days of onset of symptoms) sexual partners
 2. notify sexual partners they should be examined, tested and treated empirically
 3. advise sexual partners to see their private medical provider or local health department immediately
 4. work with DIS to follow-up all sexual partner(s) within 10 days of onset of symptoms in the client
 5. do not have sex until 7 days after treatment and/or all lesion(s) are healed and partner(s) have completed treatment
 6. have HIV test because Chancroid has been associated with an increased risk of acquiring HIV infection
 7. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
 8. use a back-up method of birth control, if taking oral contraceptives while on antibiotic therapy and for seven days after completion
- C. Inform the client about the medication administered or dispensed:
 - Azithromycin, or
 - Ceftriaxone, or
 - Erythromycin
- D. Counsel the client regarding the prescribed medication:
 1. advise client that (s)he may experience side effects such as nausea, vomiting, cramps, diarrhea or headache
 2. soreness at the injection site, if applicable
 3. if medication is vomited within two (2) hours and pill is visible in vomitus after taking single-dose oral medication in the clinic, please return to the clinic as soon as possible
- E. Additional Instructions
 1. return to clinic in 3 -7 days for lesion(s) reevaluation by MD or medical provider
 2. return to clinic if symptoms persist, worsen, or reappear after treatment
 3. return to clinic if fluctuant lymph nodes develop drainage or other genital lesion(s) appear
 4. Return to clinic if client develops oral temperature $\geq 101^{\circ}$ F

F. Criteria for Notifying the Medical Provider

1. contact health department medical director or medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing orders
2. a genital lesion or ulcer is present on examination. Chancroid may present with painful fluctuant lymph nodes; which may require aspiration to provide quicker healing and alleviate pain

G. Follow-up requirements:

- contact regional or local DIS when medical provider(s) suspects Chancroid for follow-up
- assure disease reporting occurs via the NC EDSS with entry of lab test results and treatment information

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____

Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)